

OREGON STATE MEDICAL SOCIETY.

THIRTIETH ANNUAL MEETING.

Reported by PHILIP MILLS JONES, M. D.

The 30th annual meeting of the Oregon State Medical Society was called to order at 10 o'clock on the morning of Tuesday, September 29, by the President, Dr. H. W. Coe. The sessions were held at the Elks' Hall, Portland, and were well attended. The house of delegates met at 9 in the morning and the general sessions at 10. This hardly gave the delegates sufficient time in which to transact the business of the society, and some things were passed over which should have received more attention. On the whole, and with this exception, the meeting was generally regarded as very satisfactory and the operation under the reorganization plan, which it initiated, was looked upon with favor. The following program was presented and all of the papers save four (which are indicated) were read and generally discussed:

Annual Address by the President, Henry Waldo Coe, Portland; Address of Welcome, Mayor George H. Williams; Report of Chairman, Board of Council, Calvin S. White, Gervais; "Osteomyelitis, With a Report of an Unusual Case," Joseph S. Courtney, Dayton; "The Higher Education a Cause of the Physical Decay of Women," F. W. Van Dyke, Grants Pass; "Technique in General Anesthesia," Joseph Sternberg, Portland; "Some Observations on the Arid Region," Franklin Cauthorn, Portland; "Tuberculosis," Edward A. Pierce, Salem.

X-ray Symposium—"What is the X-ray?," Richard Nunn, Portland; "Technical Management," George E. Houck, Roseburg; "Diagnosis of Fractures," George F. Wilson, Portland.

Therapeutics—"Cancer," Robert C. Coffey, Portland; "Skin and Glands," Luther H. Hamilton, Portland.

Nervous and Mental Diseases—"The Paranoiac," Walter T. Williamson, Salem; "The Neurasthenic," J. Allen Gilbert, Portland; "The Pervert," James P. Tamiesie, Hillsboro; "The Syphilitic," William House, Pendleton; "The Tubercular," Woods Hutchinson, Portland; "What Can We Do For Them?" John S. Klobner, Green River Hot Springs.

Kidney Symposium—"Modern Methods of Diagnosing Kidney Disease," Albert E. Mackay, Portland; "Dietetic Treatment of Various Forms of Kidney Disease," Charles J. Smith, Pendleton; "Drugs Used in the Various Forms of Kidney Disease," James F. Bell, Portland, (read by title); "The Pathology and Treatment of Tubercular Kidney," James B. Eagelson, Seattle (read by title); "Causation and Pathology of Chronic Bright's Disease," Woods Hutchinson, Portland; "Pyelitis," William H. Byrd, Salem (read by title); "Renal Calculi," William

Jones, Portland (read by title); "Anuria," Park Weed Willis, Seattle; "Indications for Nephrectomy," Kenneth A. J. Mackenzie, Portland.

The President did not make an address of the usual sort, but simply outlined the work of organization along the lines proposed by the A. M. A., and pointed out how very desirable it was to have everything so arranged that the county society would dovetail into the State Society, and it in turn into the A. M. A. He then introduced the Mayor of Portland, Mr. George H. Williams, who extended to all a most cordial greeting to Portland and congratulated the society upon its work and its showing. He gave an outline of medical work and medical progress, as it came within the view of a layman, and called special attention to the ever-increasing efforts of medical men for prevention of disease as well as in its cure.

Dr. Calvin S. White reported for the Council and said that body had had two meetings, on July 26 and September 29, and had accepted in affiliation with the State Society the following county and district societies: The City and County Medical Society of Portland, Eastern Oregon Medical Society, Southern Oregon Medical Society, and the Lane, Yamhill, Marion and Clatsop County Medical Societies. The Council granted one year for all members of the State Society who were not members of these component societies to join one of them.

On motion of Dr. Franklin Cauthorn, a committee of three was appointed to take in hand the matter of securing subscriptions to a fund to be raised for the purpose of erecting a monument to the memory of the late Dr. Walter Reed. Drs. Cauthorn, Wheeler and Fulton were appointed on the committee.

The first paper of the meeting was read by Dr. Joseph S. Courtney, on "Osteomyelitis." In his opinion the subject, a large and exceedingly important one, did not receive sufficient consideration at the hands of writers in the medical press. Such reports as printed were generally incomplete. In the past 12 years he had seen 17 cases of this disease, and in his opinion the cause in 75 per cent of the cases, at least, was traumatism; tuberculosis and typhoid were also to be reckoned with as causative factors. He mentioned one patient who developed this disease six years after recovering from typhoid, and the typhoid bacilli were to be found in the pus at the site of the disease, which was in the tibia and fibula of one leg. All of the 17 patients seen by the writer were boys, in age from 8 to 17 years. He dilated on the fact that the disease was found very much oftener in boys and men than in girls. It is

frequently due to injury by puncture, as in the penetrating wound of a shot, in which case the entire medullary canal will very quickly become involved and the disease rapidly terminate in the death of the patient. The amount of pain is not an index of the extent of involvement, but is fairly diagnostic of the condition. There is a continuous aching and a feeling as though the bone were being crushed. The pus is at first clear, but turns greenish and bad smelling as the disease progresses. Pyemia should always be looked out for, and guarded against if possible. As to the treatment, there seemed to be a difference of opinion as to the desirability of very early operative interference. In his opinion the earlier the operation was performed the better was the outlook for the patient. A thorough operation was the only thing to be considered. Make an ample wound and fully inspect the bone at the site of the trouble and in the vicinity. Make free use of the bone drill and the chisel and get away all the diseased tissue. Amputation in the continuity was bad treatment; disarticulation at the nearest joint was better if the condition necessitated such an operation. The case recited was that of the occurrence of the disease in the heel of a boy 13 years of age. The boy struck his heel on a rock and almost immediately experienced violent pain; this subsided for 12 hours and again appeared, not to leave. He was seen by the writer 72 hours later, when the temperature was 99.3-5 and the pain so intense that one-half grain of morphin hypodermatically had but little effect. The next day he operated, but there was nothing to be seen save some redness and increased vascularity. After 36 hours thin pus appeared, which subsequently turned to a greenish color. Calcium sulphite was given freely. Pain continued and ten days later a second operation was performed, at which time a section of the os calcis was made and almost all of the bone except the articular surface removed. It was well scraped and packed with iodoform gauze. It is now four months since the operation and there is little impairment of function, and the heel has filled out so that the original shape is nearly restored.

Dr. K. A. J. Mackenzie opened the discussion and said that he considered typhoid quite as important in causation as traumatism or anything else. In many cases the cause was hard to explain, though it undoubtedly must be due to pus organisms, as are other infections. In many cases it is difficult or impossible to show that traumatism has played any part whatever in causation. In 75 per cent of cases it seems to be confounded with rheumatism. The first doctor who sees a case of this disease generally determines its end; for if he makes the proper diagnosis at once, and early, there is good chance for recovery following operation. But if the diagnosis of rheumatism be made and the patient allowed to drag along until the disease is far advanced, there can be but little hope for the patient's life. In ad-

vanced cases even disarticulation was followed by a high mortality, and sometimes radical operation on the site of the disease seemed to have a better result than disarticulation. Slit the shaft and treat as a large open wound, allowing for ample drainage. The proper making of an early diagnosis is by far the most important point to be raised. This is considered difficult for the reason that the disease generally appears near the end of a long bone, near a joint, and is confounded with rheumatism.

Dr. George Wilson called particular attention to the wrong diagnosis of rheumatism in these cases. Rheumatism should be forgotten and osteomyelitis always suspected in all cases in children where pain near a joint is found, for rheumatism is practically never localized in one spot. There is but one thing to do, and that is to operate at once. Cut down, incise the periosteum, and if there is not relief at once, open into the bone until you find the trouble.

Dr. Andrew C. Smith stated that one of the first papers read before the society, now many years ago, was one by himself calling attention to the importance of this disease and its careful consideration. In his opinion this is one of the most important diseases which medicine has to deal with. Too often the condition is wrongly diagnosed as rheumatism and the child treated for that until his life is sacrificed or he is crippled for life. One should never think of rheumatism in a child; think always of osteomyelitis until it is absolutely disproved. Severe pain in one end of one long bone always means osteomyelitis and nothing else, and in the name of the Continental Congress and the great Jehovah, he could not see why so many fatal mistakes were made. He maintained that there could be no such thing as symptomatic treatment; there could be but one treatment—operate at once, without waiting for anything. If necessary, cut down with a jack-knife and open into the bone with a gimlet, but do it at once; delay is fatal. In his opinion too much had been said about traumatism. Pyogenic infection, carried in the blood and lodging in the terminal vessels where congestion resulted from a slight blow, was probably the cause; the traumatism might be insignificant and impossible to determine. With pain at one end of a long bone and an immobile limb, don't wait for anything; make the diagnosis at once and operate at once; it can be nothing but osteomyelitis. He disagreed in the matter of the proper operation in advanced cases. Amputation through the diathesis was better than disarticulation, he thought, and then thorough cleansing of the medullary canal should follow at once. While the subject is an old one, he thought it should be brought up at every meeting and discussed at length. He cited the case of a child that had been treated for rheumatism for weeks by a man who claimed to be a surgeon, when the diagnosis was finally made it was too late.

Dr. Yocum of Tacoma raised the important point of insisting that the parents agree to any operation thought necessary, for often the condition was found at the time of operation to be more serious than had been thought. He mentioned a case that had been diagnosed as osteomyelitis, but on operation was found to be carcinoma; no permission to amputate had been secured and the operation had to be abandoned.

Dr. R. C. Coffey agreed that there was but one treatment, operation, and that the failure of diagnosis should not so often occur. He considered traumatism, though a small factor, of great importance.

Dr. George E. Houck recited a recent case of double osteomyelitis in the ends of both tibia and ankle joints that had been diagnosed and treated as rheumatism. Free incision gave immediate relief. Con-

servative surgical treatment was being pursued and the patient was improving.

Dr. J. G. Courtney closed the discussion by saying that he only waited ten days for the second operation because he could not sooner persuade the parents of the child to have it done. He said that he must maintain the fact that traumatism, at least in all of his cases, was the causative factor. He thought treatment directed to prophylaxis was warranted under the evidence of frequent pyemia.

The second paper was by Dr. F. W. Van Dyke, on the subject of "Higher Education of Women Being a Cause of Their Physical Decay." In his judgment, while the causes were many, certainly the rushing process during the years when a young girl is developing into a woman, when the strain upon her nervous system should be the least, and generally is the most, is the main cause for poor development. Too much time, money, strength and nerve energy are wasted in wholly useless studies.

"No girl is considered cultured unless she has broken her health down trying to learn music, Sanskrit root, Browning and Emerson at some fashionable female college. Of all these products of the higher education or culture—call it what you will—about one-fourth marry and produce one and one-quarter children each, showing how merciless nature is in her effort to eliminate the unworthy. At a time when they should be in the open air playing, or at least studying within their limits, girls of a tender age are forced to the utmost effort they are capable of, for unfortunately the curricula of all schools, colleges and universities are no longer constituted to fit the average pupil, but the talented." After pointing a moral of statistics of would-be musicians, he said: "Not one pupil out of 500 can play Hia-watha correctly. Every physician knows that the cramming process in the vast majority of cases, when applied to mediocrity, is the cause of hysteria, neurasthenia, dyspepsia and astigmatism." He dilated on the bodily imperfections resultant from over ardent pursuit of knowledge; he spoke of the meager breasted, the ugly, the chilly-hearted, and denounced the modern priestess of the muses as an anomaly not to be got rid of any too quickly. "Confinement in school and hard study takes away desire from woman and that physical beauty so attractive to men. Imagine, if you can, a novelist writing in this vein: 'She was pale, thin and plain-looking, with a peevish temper caused by ill health, but Armand loved her devotedly, passionately, though lacking youth and beauty and being of a cold nature, for great was her knowledge of theosophy, the lore of the ancients, and differential and integral calculus.' Why, even Marie Corelli wouldn't think of a man falling in love with such a heroine.

"It is not to be assumed from this paper that the sole object of a woman's life is to marry and raise children, nor should she be brought up in ignorance. A woman with talent or genius should have it developed to the fullest extent, but the constant effort being made to make ordinary ability keep pace with well-defined talent is predestined to failure."

He denounced the modern methods of marriage as calculated to increase a race already degenerate enough and said that the only marital happiness was that due to the union of two healthy people. He ended: "Penelope, the faithful wife, Cornelia, the proud mother whose children were her jewels, Thunelda, the ideal of the ancient Germans, and St. Elizabeth, the personification of Christian faith and charity, knew nothing of soul yearnings, telepathy, psychology and other useless things, but they possessed those womanly qualities which have sent their names down the ages and will continue to do so until the

name of the last graduate of Wellesley, Vassar and Bryn Mawr shall have faded from the recollection of men forever."

Dr. Mae Cardwell opened the discussion on Dr. Van Dyke's paper by saying that the matter was certainly of the first importance. She disagreed with the writer in thinking that higher education had much to do with lack of proper development, and called attention to the fact that the forcing process referred to occurred generally before higher education was thought of, and while the child was in school. Girls between the ages of 11 and 13 should have plenty of play, outdoor exercise, etc.; but as a matter of fact they are usually in school at this time, climbing stairs, leaning over desks, and getting but little good fresh air. They get headachy, nervous, fidgety and do not properly develop. They are apt to suffer from menstrual derangements from the first, and by the time they reach the "sanskrit root" stage of education, the harm is done. As to the many evils of improper pelvic development, she called attention to the fact that difficult labors, lacerations, etc., are common to savage tribes and that forceps were invented before higher education was thought of. She thought a study of music a good thing, and while not denying the existence of sex attraction, she thought that other attractions should not be forgotten, and among these certainly a proper education was a prime requisite.

Dr. J. A. Fulton expressed his opinion as being somewhat at variance from that of the writer. He thought lack of proper exercise at the period of development was the main cause and that higher education had little to do with it. The boy is taught to play out of doors, but the girl is prevented from doing so and is taught to play with dolls, learn music, whether she has any ability or not, and is generally prevented from leading the healthful out of door life that she should, during the years of pelvic development especially.

Dr. Woods Hutchinson thought such questions should certainly be brought up and discussed at medical society meetings, for a proper understanding of them by physicians is very desirable. He denied absolutely the question of physical decay. In his opinion woman was a better physical animal now than ever before; instead of deteriorating she was developing. Neither male nor female of the human race showed any signs of physical decay; rather the reverse. Too much time devoted to music and fancy work to the injury of the girl by depriving her of sufficient outdoor exercise certainly must be deplored. As to sex attraction and its possible loss through study, he could not agree. Certainly it existed and was to be reckoned with. Many centuries of generations had lapsed in the building up of sex feeling in the female and he doubted that a few generations of study could destroy it. Unhappy marriages exist, and have always existed. In England, where divorce is almost unobtainable, they are most common. Divorce should be made easier and it should be resorted to more early and before children are born into unhappy households.

Dr. Van Dyke closed the discussion by calling attention to the fact that higher education, according to the title of his paper, was "a" cause and not "the" cause.

"Technique in General Anesthesia," by Dr. Joseph Sternberg, was the next paper read. The writer made a strong plea for a careful study of the question and the necessity for securing a proper knowledge of the physiologic action of anesthetics before undertaking to use them. The general practitioner is not a good man to give an anesthetic, because he does not know enough about the subject. In all

cases the patient should receive a thorough examination. If possible the anesthetic should be given on the operating table, and not in some other room. If the confidence of the patient is first secured and proper suggestion made, the anesthetic will be more easily taken. The patient should not count and the anesthetic should be given slowly. The anesthetist should carefully watch the expression of the face and so avoid irritating the air passages by giving the anesthetic too rapidly. Pure ether should never be given; air should at all times enter the lungs. The object should be to give as little as possible. All patients do not require the same amount and each patient should be studied by himself. He pointed out the various signs and indications that should be watched for. Respiration, auditory impressions, pulse, heart action, color of the face, eye reflexes, etc., dwelling on each and giving it its due weight. He thought anesthesia should never go beyond the point where the pupil reacts to the first incision.

Discussion was opened by Dr. A. E. Burns, who said that he thought the subject of the first importance. He had seen patients pass away when he was sure it was due to too much anesthetic, or an anesthetic improperly given. The subject should be carefully studied by the man who gives anesthetics.

Dr. Andrew C. Smith considered that too much importance could not be placed on the desirability of giving the anesthetic on the operating table. Valuable time is lost in moving the patient from another room or another floor.

Dr. J. A. Fulton thought that too many operators lost valuable time in talking, etc., after the patient was anesthetized. The patient should be under the anesthetic for the least possible time.

Dr. H. W. Cardwell said that when he was an interne and was expected to give anesthetics he first studied the effect upon himself. With other internes around, he proceeded to lie upon a table, plug one nostril and insert a tube from the ether bottle into the other. At the end of fifteen minutes he was in a condition of surgical anesthesia, as indicated by all the classical signs, yet he was fully conscious of what was said and done around him. He called attention to the fact that operators should be very careful of what they said and did when they thought the patient fully anesthetized, for the patient might be able to hear and shock might be caused by this fact. He recalled many cases of shock that could not be explained and it might have been due to the patient hearing something that had been said as to his condition.

Dr. J. S. Klobner thought that often the patient's strength could be conserved by beginning with nitrous oxid and following up with ether or chloroform. When possible the stomach should be washed out before the anesthetic is given, and thus nausea prevented. He had found that hot water irrigation in the stomach during an operation would often be a great help and that very weak patients could be operated upon if this procedure was employed.

Dr. Robert C. Coffey considered the discussion of this subject of the greatest value. The patient's face should be carefully watched. The anesthetist should be a specialist and should be most carefully trained in his work. He said he had to give an anesthetic a short time before and did not know the condition of his patient when under. He felt his own inability and suggested the dangers that might ensue when the anesthetic is given by a man who knows little or nothing about it.

Dr. J. A. Pettit said that it was all right to say that a specialist should always give the anesthetic, but very often a man had to give it himself. He had to depend on the best available, and specialists in this line are scarce in country districts. He considered

the gaining of the patient's confidence the most important thing, and suggestion would do a great deal in relieving shock.

Dr. Franklin Cauthorn said that there was danger in such discussions, for while there was undoubtedly a place for the specialist in anesthetics, still doctors had to get along without them in a majority of cases, and they should not be scared from doing so by looking too much at the dangers. He had abiding confidence in the good common sense of the average general practitioner, and he knew that men all over the country were every day giving anesthetics without bad effects. Realize the dangers, but do not fear them, should be the word to every physician. Disaster is apt to come in the early stages and without warning; no amount of care seems to prevent these catastrophes.

Dr. H. W. Cardwell said that accidents in the early stages did not come without warning if a man knew what to look for and how to guard against it. A man to be a competent anesthetist should study the language of his subject, and learn to rightly read the signs that nature puts out. If he knows his subject he can prevent 999 out of 1000 accidents, for he will see them coming.

Dr. B. A. Cathy said that the general practitioner in a small place could never have an expert anesthetist at hand and had to give his own anesthetic. Great care should be taken, of course, but with care there is little danger in giving an anesthetic.

Dr. H. A. Kissam considered idiosyncrasy an important matter and not to be disregarded. Some sudden deaths he placed at this door. The danger signs should be carefully studied by all, but they should not be given too much weight; in general the use of an anesthetic is not accompanied with much danger.

Dr. E. P. Gerry accentuated the importance of suggestion, calling attention to the fact that suggestion alone is sufficient in some instances to place the patient in a condition to be operated upon, and if combined with an anesthetic, is of inestimable value.

Dr. W. B. Morse said that it was all right to have a specialist if possible, but that it was more often impossible. When there is something to be done, do the best you can. He had made use of all sorts of assistants in giving an anesthetic, including Indians and Chinamen, and with good results. One should never refuse to do anything indicated just because there is no expert handy.

Dr. Sternberg, in closing, said that he did not go much on idiosyncrasy, and that most deaths assigned to this cause were due to lack of information on the part of the man giving the anesthetic. If the anesthetist is properly posted he will see what is coming and avoid it. It is very seldom necessary to give atropin if the anesthetic is properly handled.

Dr. Franklin Cauthorn, of the special committee on the Dr. Reed memorial fund, reported that the committee had drawn up the following preamble, and would be pleased to have the members subscribe to it during a recess:

We, the undersigned, agree to pay the respective sums set opposite our names, for the purpose of erecting a monument to the memory of the late Dr. Walter Reed, U. S. A., the distinguished American physician whose discoveries in connection with the subject of yellow fever have shed such luster upon American medicine and have conferred and will continue to confer such untold blessings upon humanity.

He said that the profession of Oregon should, at least do something, even if it were no more than to place one brick or one stone upon the monument to such a noble man.

"Some Observations on the Arid Regions," was the title of the next paper, read by Dr. Franklin Cauthorn. He had spent three and a half years in the arid regions of the southwest and had studied them

carefully. Too little information was possessed by the average physician who sends his tuberculotics to Arizona or the southwest, without specifying what portion was best adapted to the individual patient. The first impressions of the country were apt to be unpleasant, and the physician should therefore impress upon the patient that the struggle is to be a long one and that he must have lots of patience. After staying a while most people grew to like the country and the feeling of desolation leaves. Some patients felt this so keenly that they would rather go home and die than stay and get well. The principal feature of the country is the ever-present sunshine. The climate varies much in different localities, but the winters, as a rule, are cool, and in some places cold. Almost any altitude, from sea level to 4000 feet or higher can be secured. The place selected should be sheltered from winds, which in some sections are strong and unpleasant. Some parts of California are indeed warmer and more arid than Arizona. The heat is not objectionable, for, in the words of a resident, "It don't do 'em any harm to sweat." The climate acts in two ways; it discourages the growth of bacilli and it helps to build up the resisting powers of the patient. Physicians should always say where the patient is to go, and should never send hopeless cases away from home to die, alone and in a rather depressing place.

Dr. Harry Lane opened the discussion and said that while he had been sending patients to Arizona for some time, he had only recently seen it himself. And he was not at all impressed with what he had seen. He visited the Army Hospital at Silver City, but the trouble with it was that soldiers were not admitted till after they were discharged and so there was no control over them; as soon as they felt a little better they ran away. Statistics from there are consequently unreliable. He thought the country lonesome, the food bad and the place generally uninviting. Many places are very windy and the wind blows forty miles an hour all the time. Much trouble arises from patients not staying where you send them. If you send a patient to Tucson, he goes to Phoenix, or vice versa. The climate is probably good, but it is difficult to get patients to do what you tell them and to live as they should.

Dr. C. J. Smith thought that too little study had been given to the climate of eastern Oregon, where there was much arid country and the climate was excellent. Altitudes ranging from 300 to 5000 feet were to be found there and many places sheltered from winds were available. He also complained that physicians were too vague in their directions. Patients were sent to "eastern Oregon" without any directions as to what part; and it is a large section.

Dr. J. D. Courtney asked whether the climate of the southwest was good for patients in the stage of hemorrhages, and whether the altitude had any injurious effect in such cases.

Dr. W. O. Spencer called attention to the advantages of eastern Oregon, its arid condition and light rainfall.

Dr. A. E. Burns thought that patients needed a good deal of looking after in the matter of detailed instruction as to the proper mode of life, advice, etc. He also thought that too little attention had been given to the fact that it is very important to keep them occupied and amused.

Dr. K. A. J. Mackenzie said that he had been sending patients to various parts of the Coast, including eastern Oregon and California, but that he never saw any particular good results until he commenced sending his patients to specified parts of southern Arizona. No patient that he had sent there failed to improve and most of them underwent a complete arrest of the disease. He did not think it safe to

call them cured, but the disease had stopped. The dryness and the outdoor life, together with proper exercise, he considered the prime factors in securing the desired result. Probably any place that showed the same number of hours of sunshine per year and the same dry air, would also show the same number of great improvements.

Dr. Cauthorn said that Dr. Lane was a good example of the depressing effect of the country at first; later one got over that feeling. Isolation is very trying and may be bad for some patients. Advanced cases should never be sent where to die. Altitude did not seem to predispose to hemorrhages, nor to have any injurious effects in that direction.

The X-ray symposium was opened by Dr. Richard Nunn, with a paper on "What is the X-ray?" He said that we do not know anything about it absolutely, but only relatively. He went over the physics of matter and force and of radiant energy, discussing the ionic charge of atoms, etc., and indicating his belief in the existence of one ultimate form of matter, just as there is one ultimate form of energy.

"Technical Management of the X-ray" was presented by Dr. Geo. E. Houck, who dilated upon the mistakes liable to be made and how to avoid them. He exhibited a number of skiagraphic plates and prints indicating various points raised in the paper. In his opinion the best apparatus to be used was a proper induction coil and a good mechanical interrupter. He objected to tubes being described as "hard" or "soft," and thought each tube should be described by indicating the length of spark it would pass. As patients become a source of radiation after a while, too long an exposure should not be given; the plate should be intensified in order to get the proper contrast. The points to be accentuated were, first, fix the apparatus; second, adjust the tube for the effect desired; third, fix the distance of the tube from the part to be examined; fourth, give the proper exposure; fifth, develop the plate yourself, and sixth, expect plenty of failures, but keep trying.

"Diagnosis of Fractures by the X-ray" was presented by Dr. Geo. F. Wilson, who showed a large number of very fine skiagraphs of difficult and complicated fractures. He said that it was almost essential to develop your own plates and know just what you were doing. Heretofore there has been much faulty diagnosis of fractures and probably many cases of malpractice have had some grounds. With a proper X-ray examination no such complaint should exist. It should be used clinically just as much as a thermometer. Comparisons with normals are essential, for we are dealing not with a picture of a thing, but with a shadow of the thing, and it must be known how the shadow of the normal part looks. Skiagraphs are apt to be deceptive unless the normal is known and the relations of the tube to the part at the time the exposure was made. Skiagraphs taken at right angles are very valuable and often disclose a condition that would not be discovered if but one were taken. Proper skiagraphs have shown that almost any form of comminution may be taken care of if carefully studied by the X-ray before and after operation. The surgeon has certainly not done all for his patient unless a thorough X-ray examination has been made.

Another paper on the same subject was presented by Dr. George E. Houck, who emphasized what had been said and called attention to the value of this examination in children, and to the importance of a careful study of the shadows of normal bones in their development. In many cases of fracture or injury to the joints of children, the diagnosis had been improperly made; with the X-ray there was no excuse for this. He thought it time to dismiss the idea that the X-ray was a plaything and to understand

that damage suits may properly result if it has not been used when at hand.

"The X-ray in Cancer Treatment" was presented by Dr. Robert C. Coffey, who made a careful resume of what had been done and published in this direction. Early recognition and immediate operation was unquestionably the only proper treatment for cancer. But when the condition is far advanced and operation is doubtful or impossible, then it is proper to make use of X-ray exposures and to expect good results in some cases. It is also a valuable procedure following an operation. His findings were much like those of Coley's in that an advanced cancerous growth either quickly improves or is rapidly made worse by exposure to X-ray influence. He recounted three cases of cancer in which the patients had been materially benefited or entirely relieved by X-ray exposures alone, or following extensive operation. One case had become more complicated through the rapid increase due to metastasis. One patient had sarcoma of the rectum, seven inches from the anus. It was removed as well as possible and the patient subsequently exposed to X-ray influence; apparently cured. Another patient had malignant disease involving the mesentary and absolutely inoperable. Preparation was made to operate for obstruction which was regarded as inevitable. Patient was nevertheless exposed to X-rays; obstruction relieved and continued exposure seemed to quite relieve condition. He thought that our knowledge at the present time warranted the following statement of the best treatment for cancer: Radical surgery as soon as possible, followed by prolonged exposure to the X-rays.

"X-ray in the Treatment of Skin and Glandular Involvements" was the title of the closing paper of the symposium, and was read by Dr. Luther H. Hamilton. He used the X-rays in the treatment of six patients troubled with acne. The first one was an exceedingly trying case, but after 15 exposures, covering a period of seven weeks, the trouble had entirely gone and had not returned at the end of three months. The other patients also were benefited. In three cases of chronic eczema, one patient was cured, one relapsed and one was improving under treatment. One case of Paget's disease of the nipple was entirely cured after 16 exposures and there was no return at the end of four months. In cervical adenitis the results were very promising, but sufficient time had not elapsed to tell whether a cure has been secured.

Dr. K. A. J. Mackenzie opened the discussion on the papers relating to the X-ray by saying that it was now absurd for anyone to deny the very great value of this aid in surgical diagnosis. Its relation to surgery from a medico-legal point of view must not be overlooked, however, and it is of vastly greater importance than is generally thought. Full records of the relations of tube to part examined and to plate, must always be kept, for without these the actual findings cannot be properly interpreted and the result may be very misleading; to the lay mind a skiagraph may look very shocking, yet the condition may be one known to the surgeon to be very satisfactory. As yet we knew too little as to the definite time of exposure and he had hoped for enlightenment from the papers read. He spoke of the danger of increasing the rapid development of some cancers through metastasis, and suggested the advisability of making use of this agent in the treatment of tubercular peritonitis. He recounted the case of a woman who was operated upon for the relief of very marked ascites. There were numerous large nodes all over the omentum and any sort of operative interference was quite out of the question. She was submitted to repeated X-ray exposures, with the result that the reaccumulated fluid was soon ab-

sorbed and now, apparently, the nodes have disappeared. The patient seems to have entirely recovered from the previous condition.

Dr. Andrew C. Smith said that he had been somewhat sceptical as to the therapeutic effect of the X-rays, but Dr. Hamilton had converted him; he believed they were a specific for tubercular skin affections, epithelioma, etc. The treatment should be used by competent men only, and all beginning cancers should be operated upon first and exposed to the rays afterward.

Second Day's Sessions.

The session of Wednesday opened with a symposium on "Nervous and Mental Diseases," the first paper being on "The Paranoiac," by Dr. Walter T. Williamson. In an exceedingly able manner the course of the development of paranoia was traced, from the commencement of delusions to the final transformation of personality. In the writer's opinion the paranoiac is born; he is the victim of heredity. The diagnosis may not be made for a long time, nor until the disease has progressed to a point where the victim is dangerous; the prognosis is always bad, for paranoia is incurable.

"The Neurasthenic" was treated of by Dr. J. Allen Gilbert, who said that while the personal equation altered the symptoms more or less, there were certain well-recognized, generally constant expressions of the disease that could be recognized as diagnostic. The causes were heredity, sex excesses, mental overwork, worry or anything which produced more strain on the nervous system than it could take care of. He likened the nervous system to a vessel into which water could flow and from which it might be drawn. If the drafts upon the vessel were in excess of the ability to fill it, it would go dry. So anything that drained the nervous system beyond its ability to recoup, would produce neurasthenia. Many drains were totally unnecessary as, for instance, late hours, social duties, dances, card parties for young girls, etc. The disease always occurs at that time when the patient is working hardest or is calling upon his nervous system for larger drafts than it can supply. Reflexes are not abolished, they can always be found; but on repetition they respond less and less well. All such reflexes and symptoms generally are those indicating a condition of nerves that cannot do what they are called upon to perform. The headache, backache, nervous heart and nervous dyspepsia are typical; in men the low hanging sensitive testicle is generally found. It is to be differentiated from hysteria and paresis.

"The Pervert" was the subject treated of by Dr. James P. Tamiesie, and he spoke of the kinds of perverts that existed and were not generally so commonly recognized as the sex pervert. He mentioned three classes to be added to the list of perverts. The gastronomical, the religious and the social perverts were quite as well defined as is the victim of sex perversion.

"The Syphilitic" was the title of the next paper, by Dr. William House. He thought syphilis was not the cause of so many diseases as held by many men. He recognized true tabes and the tabes due to this disease. Much of the belief he thought came from the statistics made up from public institution reports. In these institutions records were apt to be imperfectly kept, and many things were assumed or guessed at that were not the facts. He made a very careful review of the clinical history of the disease, and stated that he thought from five to ten per cent of the sufferers from syphilis never entirely regain full and competent mental poise; the shock to most when they learn that they have the disease is very great.

There is no chronic non-febrile disease which syphilis cannot and does not, more or less often, simulate.

Recess was taken until the afternoon session, and upon convening Dr. J. T. Lock exhibited a child of two and one-half years of age suffering from hydrocephalous. The only signs of consciousness which it exhibited were to cry when hungry and apparently recognize its mother.

"The Tubercular Relation to Nervous and Mental Diseases" was the theme of Dr. Woods Hutchinson, and he said that but little was known as to this relationship. He thought medicine was now in a reactionary stage and that a general rather than a special cause should always be looked for. When an organ, as the kidney, is at fault, it is simply an indication that something in the general system is at fault and has caused the trouble with the special organ. There are generally definite poisons at work to produce even localized diseases. The diathesis or the general toxic element should always be looked for most carefully. He spoke of tubercular meningitis and thought it more common than generally supposed. He knew of one house with tubercular infection in which four children, one after another, had died at from one to two years of age with tubercular meningitis. He spoke also of tubercular neuritis. Wherever the weak spot is, there the general disease will be manifest. The relation of tuberculosis to the insane was a very important one and could not be entirely explained by the confinement, etc.

"What Can We Do For Them?" was the title of Dr. John S. Klobner's closing paper of the symposium. He thought the paranoiac hopeless. The only thing to be done was to watch out for the children of those afflicted and to try and bring them up under the most favorable conditions. The animal development and not the mental should be considered the desideratum. Labor, physical exercise in the open air, and very little call upon the brain was to be recommended for these children. He then said:

"There is coming a time, gentlemen, when the treatment of this class of trouble is going to be the absolute prevention, so far as prevention is practicable by the intervention of the law, to prohibit the marriage of persons who are known to have the hereditary diathesis of these mental degenerates. Instead of the physician being called upon to direct the lives of the unfortunate offspring of such parents, or the neurologist to care for the hopeless victim at the public expense, the ax will be laid to the root of the evil and a law will state that the greatest public good demands that these persons shall not legally inflict future generations with a mind-twisted progeny, just as it now says that the patient suffering from an infectious or contagious disease shall not be a menace to other people, but shall be controlled by proper or, when necessary, enforced quarantine restrictions. I know that this is taking a very much advanced stand, and one that will require a great and well-directed effort to overcome the present conviction that it will be an abridgement of personal liberty that cannot be enforced. But it can be in the same manner that all of the laws for the protection of the public health have been made and enforced, by the presentment of such evidence by persons of recognized authority as to bring to bear upon the great majority of the public, who make the laws, such indisputable proofs of the hereditary tendencies of these psychoses that will place these laws upon the statute books and effect their enforcement.

"Why should the paranoiac with his known heredity be permitted to inflict this world with a mentally unsound progeny, who will, in the course of events, again do the same to the end of the cycle, any more than the person with smallpox, or the child with

scarlet fever is allowed the dissemination of their diseases, or the tuberculous patient the ejection of sputa when and where he pleases.

"The gospel of increase and multiply has been preached from time almost immemorial by preacher, litterateur and statesman alike, and their theme has been that of quantity, rather than quality. Even our worthy President of the United States in his addresses, if he has been properly quoted, has descanted forcibly upon the sin of what he chooses to term race suicide. The codfish with its million young seems their ideal. The general acceptance of the opinion that large families are a test of advance of evolution seems strange, when the extent and force of the action of the principle of individuation is taken into account. And when it is remembered how prolific are the lower vertebrates when compared with the higher, biology challenges the view that multiple and frequently repeated births are expressions of race advancement. It has been noted that even the ancestors of those predisposed to phthisis have numerous families.

"It is a well known fact that multiple and frequently repeated pregnancies are common among the families of the hereditary lunatics. This is forcibly corroborated by Drs. Kiernan and Harriet Alexander in connection with the hereditary lunatics from Cook County. They found that 90 families of the hereditary insane averaged 11 children each. Of these, four had 13, three had 16, three had 17, four had 18, three 19, five 20, and one had 21 children. Twins triplets and quadruplets were six times as frequent as among normal families. Many others have reported corresponding conditions. Valenta reports the case of an epileptic mother who had 36 children, including six times twins, twice triplets and four times quadruplets. Her daughter, also an epileptic, bore 32 children before she was 40, including quadruplets twice, triplets four times and twins once. Similar, though less striking statistics occur with other classes of degenerates with proportionate frequency, when the sterilizing effect of the diseases to which they are specially liable is taken into account.

"Do not these facts in themselves constitute a sermon, and are they not of sufficient moment to bring us at least to the consideration of making such conditions legally impossible? We have succeeded by statutory measures in stamping out almost entirely many of the contagious diseases that were a menace to the population of the world, and I think it about time that we at least begin the movement toward some practical steps looking to the extinction of these mental diatheses."

Neurasthenia, he thought, could only be properly treated by considering each patient separately; find the cause and then try to remove it, and if this is successful the patient speedily recovers. Ferruginous tonics, arsenic and rest seem to be about the only things otherwise indicated. The degree of rest depends upon the individual patient under treatment. Massage and electricity are also useful, and baths, properly conducted and managed, are desirable. Full selected diet should be given. All intestinal torpidity should be relieved and auto-intoxication guarded against. For this latter he considered beta naphthol in ten grain doses every one to three hours, was about the best remedy. Plenty of water, especially hot, on an empty stomach, was excellent.

Dr. Simeon E. Josephi discussed the matters presented in the symposium. He thought the term "paranoiac" somewhat vague. The term partial insanity he thought improper, for he argued that a person could not be insane on one point and sane on all other topics. In all murder cases where there was any question as to the liability of the criminal, or to the certainty of his being a paranoiac, he

thought the benefit of the doubt should be given to the community, for paranoiacs are too dangerous to be at large. He disagreed with one of the writers and thought that the importance of syphilis as an etiologic factor in nervous and other diseases had not been overestimated. Not a few people suffer from syphilis and do not know it. He cited two instances of patients with whom he had come in contact who had the disease, but did not know it.

A "Kidney Symposium" was the closing feature of the scientific program, and the first paper was read by Dr. Albert E. Mackay on the subject of "Modern Methods of Diagnosing Kidney Disease." He considered the segregation of the urine the most important diagnostic aid, and discussed the relative values of catheterization of the ureters, the cystoscope, the Harris instrument, and the most recent one in which a septum is placed across the bladder in the median line by means of a very skillfully devised instrument, which he demonstrated.

"Dietetic Treatment of Various Forms of Kidney Disease" was presented by Dr. Charles J. Smith. He first analyzed kidney affections into acute and chronic, and the chronic into interstitial and parenchymatous. The treatment varies more or less with the particular form under observation, but the effort is to get the skin and bowels to take up the work that the kidneys should do, but cannot.

"Causation and Pathology of Chronic Bright's" by Dr. Woods Hutchinson, was listened to with interest. He considered albumen in the urine as of but little importance in itself. For all the albumen lost in one day one drink of milk would supply the deficiency. Too much attention has been devoted to the question of dieting so as to reduce the amount of albumen in the urine, and the kidneys have thus been starved. The total solids in the urine, he considered the important question. It is not a disease of the kidney, primarily, but a condition due to the falling upon the kidney of work that should be taken care of elsewhere. He thought that the kidney has a secretory as well as an excretory function, and that some condition of the general system rendered the secretion of the kidney impossible or defective; the Edebohl's operation seemed to let this something out into the blood, with a consequent improvement in the condition of the affected organs. There certainly seems to be something that changes albumen into urea under normal conditions, and in conditions of irritation of the kidney this something is reduced or lacking.

"Anuria" was presented by Dr. Park Weed Willis, who said that the term as generally used was a misnomer; anuria is very rare. Partial anuria is the true condition usually spoken of as anuria. He made a careful presentation of the subject from recent literature, drawing largely from a paper by Arthur Dean Bevan (*Annals of Surgery*, May, 1903).

The last paper of the symposium, and of the meeting, was that of Dr. K. A. J. Mackenzie, on the subject of "Indications for Nephrectomy." He said it was not wise to remove a kidney that could secrete even a little. It is most essential to locate the offending kidney and to be sure there is another; he had found the Harris segregator very valuable. He then listed the conditions in which removal of a kidney was justifiable or desirable, recommending at the same time the greatest caution in this connection. In the case of movable kidney he thought many operations for removal should not be performed. Unless the hydronephrosis is extreme, or the ureter becomes closed and cannot be fixed, the kidney should not be removed. A kidney that is the seat of a pus process should not be removed until the very limit of medical treatment has been reached.

Dr. Andrew C. Smith opened the general discussion on the papers of the symposium, and said that

he thought it wrong to employ any drug directed to the kidneys. The only drug he ever used was occasionally employed, not for its effect on the kidneys, but for its action upon the heart and general circulation—nitroglycerin. Increased tension, sclerosis and general cardiac disturbance are early indications of interstitial nephritis and nitroglycerin is almost always of value. Where there is cardiac dilation digitalis and strychnia are useful. He thought the old plan of diet had recently been shown to be bad; possibly it was not well to starve the kidneys in order to eliminate albumen from the urine. Intestinal fermentation and auto-intoxication should be very carefully guarded against in any treatment. He thought it impossible to drain a hydronephrotic kidney indefinitely without getting up a pyogenic infection. In the case of a pyonephrotic kidney, unless the diagnosis is made early and before much damage is done, he thought the organ should be removed.

Dr. Henry W. Coe, president of the Washington State Medical Society, said that any treatment was of little avail. These patients go from bad to worse and their fate is known. Why dally with the condition? From his personal experience he knew what it felt like to live along with death staring one in the face, and feeling a little more drop in general condition from day to day. When it is recognized, and you know that the patient cannot recover, why not do the proper thing at once? Why not cut down and split the capsule? He had been operated upon himself and he knew what the immediate benefit was, and what the improvement to be expected was. Of course the operation is a recent one and we cannot be absolutely sure; there have been raised questions of accuracy in diagnosis; but the result is, he thinks, certainly one of improvement, if not indeed cure. The operation is not easy, but it should be done. The whole of the capsule should be removed. If the kidney is nicked no harm is done. The object is to strip the kidney and get firm adhesion between that organ and the quadratus; the patient should be kept quiet for several weeks.

The following officers were elected for next year:

President, Dr. Walter T. Williamson, of Salem.

First vice-president, Dr. Tape, Hot Lake.

Second vice-president, Dr. Mae Cardwell, Portland.

Secretary, Dr. L. H. Hamilton, Portland.

Treasurer, Dr. Jessie McGavin, Portland.

Councillors, Dr. White, of Gervais; Dr. Josephi, of Portland; Dr. C. J. Smith, Pendleton, delegate to A. M. A.; Dr. K. A. J. Mackenzie, Portland, alternate.

Among the questions taken up was that introduced by Dr. Caspar W. Sharples, of Seattle, who desired to know what the sense of the society was regarding the inviting of the American Medical Association to Portland in 1905. He stated that if Portland thought it could not very well accommodate the 4000 or 5000 delegates that would attend the meeting, Seattle would like to propose that the society meet there, and would take measures to bring it to the Coast. The question was referred to a committee to report later.

Dr. Williamson then introduced the following resolution, which was unanimously carried:

Whereas, The present Oregon system of trial of a civil or criminal cause, with insanity as the defense, is imperfect, inasmuch as the medical experts are subjected to the bias and prejudice of being called by either the prosecution or defense, and

Whereas, The present system receives such expert testimony only during the controversy and struggle incident to the progress of the trial, and

Whereas, The medical expert should have no interest in the case on either side, financial or otherwise, and

Whereas, Better and More advanced systems of procedure are followed in some other countries, to the benefit of right and justice; therefore, be it

Resolved, That it is the sense of the Oregon State Medical Society that the present system should be changed by remedial enactment of the Legislature, empowering

the judge, at his discretion, or making it his duty, to call in expert testimony, and

Resolved, That the members of this society hereby pledge themselves to give earnest support to such legislation, especially asking such physicians as are members of the Legislature to work for such a measure, and

Resolved, That the secretary of the society submit our invitation to the State Bar Association to co-operate with us in our efforts to procure the enactment of some such legislation.

A second resolution, looking to the better care of the feeble minded by the establishment of a separate institution for their benefit, was adopted as follows:

Whereas, Statistics establish that about one person in every 600 is feeble minded, carrying with it the features of dependence and burden, and

Whereas, The present system of placing such persons among the insane for care and treatment is obstructive, unkind and unjust, and

Whereas, The estimated population of Oregon is 450,000, which would contribute about 700 to be classed as feeble minded, demanding humane care and education, therefore be it

Resolved, That the Oregon State Medical Association favor the establishment of a separate institution for the caring of the feeble minded in this state, as profitable, legitimate and humane, and recommend such action at the next session of the Legislature. Respectfully submitted,

W. T. WILLIAMSON,
WOODS HUTCHINSON,
HARRY LANE,
J. ALLEN GILBERT,
C. J. SMITH.

SAN JOAQUIN VALLEY MEDICAL SOCIETY.

SIXTEENTH SESSION.

Reported by PHILIP MILLS JONES, M. D.

The 16th semi-annual session of the Valley Society was called to order by the President, Dr. J. D. Davidson, at the Hughes Hotel, on the morning of the 13th of October. The attendance was very satisfactory, though the members present thought the society should have a larger number of the physicians in the eight counties which it embraces, upon roster. This matter was touched upon by the president in his address, and he also emphasized the absence of squabbles, fights, etc., in the society; harmony had characterized its meetings from the very first. The roll call was dispensed with, and after reading the minutes of the last session, the following committees were appointed: Censors, Drs. R. E. L. Morton, W. E. Lilley and W. W. Cross; Finance, Drs. H. W. Taggart, P. N. Russel and J. L. McClelland; Ethics, Drs. A. B. Cowan and E. C. Dunn.

Applications for membership were received from Drs. E. S. O'Brien, Merced; A. H. Wallace, P. Manson, Fresno; W. Whittington, Dinuba; T. Feemster, Porterville; J. G. Thompson, Oakdale; A. M. Smith, Merced; T. M. Semple, Fresno. These applications were referred to the censors, who later reported favorably upon all except Dr. Whittington's name; the others were elected.

A new constitution and by-laws was read and adopted. It is along the lines of the American Medical Association recommendations, admitting to membership all reputable licensed physicians who do not practice sectarian medicine, and who belong to the county society of the county in which they practice, if there be such society. Under "new business," Dr. J. L. Carson, of Bakersfield, brought up the question of fees for life insurance examinations. He called attention to the fact that the society passed a resolution some three years ago, requiring its members to make no examinations for a less fee than \$5.00. He said that many of the "old line" companies, like the New York Life and the Equitable, would not pay more than \$3; doctors examining for them should charge the full fee and should insist on get-

ting it, or refuse to do the work. Dr. Trowbridge said he had had much experience in this matter, and that while it was true that the resolution did exist, it was not lived up to by some members of the society, and he thought it better to remove the requirement rather than to discipline members for violating it. He moved to rescind the resolution; motion seconded. Dr. Carson said the doctors could do much if they made a strong fight; he thought that personally he had made it cost the New York Life more than the amount it would have spent had it paid him the fee he demanded, \$5, and which it would not pay. Dr. Hildreth, Delano, thought that the resolution should stand; doctors were entitled to at least the compensation of \$5 for making a thorough examination. Dr. E. C. Dunn said that he insisted on the \$5 fee, but he thought it better to rescind the rule than to deal with the members who did not desire to live up to it. The motion to rescind was lost by a vote of 9 to 6. On motion, the president was instructed to appoint a committee of three members to draw up and present to the State Society a resolution setting forth the condition of affairs and asking the aid and co-operation of the State Society in securing proper action by these insurance companies. Motion was carried unanimously and the chair appointed Drs. G. A. Hare, A. B. Cowan and J. R. Walker. Dr. Hildreth asked the committee to see that the matter was duly presented and considered by the State Society, for that organization could do very much toward securing proper action by the companies referred to. The society then adjourned to meet at 1:30 P. M.

The first paper of the session was read by Dr. R. E. Bering, on "Hyoscin Hydrobromate as a Specific for the Cure of Morphin and Whiskey Habits." He said that he had been using the drug for some two years and the results were astonishing; he thought the time would come when there would be State institutions for the treatment of the victims of these habits by this method. No matter how much a victim to the habit the individual, he could be absolutely cured by this treatment, properly administered, in a short time. He accentuated the necessity for its proper administration, however, for unless it was done properly it would result in no permanent result. The patient must first be thoroughly cleaned out, removing all possibility of autoinfection; the room in which he is to be confined during treatment should have no superfluous furniture, and should be dark; it is well to have the windows barred, and a trained nurse, competent to handle the patient must be in constant attendance. The physician administering the treatment must be near at hand and study the patient from hour to hour, not trusting to any nurse to administer the drug. He begins with 1-100th of a grain every hour hypodermatically and continues until the full physiologic effect of the drug has been reached. This is indicated by the flushed face, wild delirium, excessive dilation of the pupils, etc. When this stage has been reached the drug should be given in just sufficient amount to keep up the physiologic effect for 48 hours in the case of alcoholics and 72 hours with morphin victims. The amount will vary with the individual, but will not be more than 1-100th grain and probably will be less; some patients were kept under on 1-300th grain every two or three hours. The first treatment will probably scare the physician, for the delirium induced is very great. When the patient comes out from the influence of the drug he is offered whiskey, and if this is accepted by the patient the hyoscin is again administered for another 24 hours. Sweating is profuse and patients should have plenty of water. They come out from the drug in about six hours and then the general condition needs